Virginia Department of Corrections
Medical Guideline for the Prevention and Management of Coronavirus (COVID-19) in Correctional Facilities

I. Introduction

A novel (new) coronavirus was first detected in Wuhan City, Hubei Province, China and has now been detected in at least 210 countries locations internationally, including the United States. In the United States, COVID-19 has been detected in all 50 states, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands. The virus has been named SARS-CoV-2 and the disease it causes has been named Coronavirus Disease 2019 (COVID-19).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a Public Health Emergency of International Concern and was declared a pandemic on March 11, 2020. On January 31, 2020, a public health emergency was declared for the United States to aid the nation's healthcare community in responding to COVID-19.

On March 12, 2020 Virginia Governor Ralph Northam declared a State of Emergency and outlined additional measures to combat COVID-19 in the Commonwealth of Virginia. On March 30, 2020 a stay at home Executive Order Fifty-Three was issued to direct all Virginians to stay at home except for allowable travel including work, seeking medical attention, caring for family or household members, obtaining goods and services and engaging in outdoor activities with strict social distancing requirements.

Virginia cases of COVID-19 are reported daily at the Virginia Department of Health (VDH) COVID-19 database. The Centers for Disease Control and Prevention (CDC) and VDH both provide guidance on COVID-19 in Correctional Facilities.

II. Source and Spread of the Virus

Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses, such as SARS-CoV-2 can infect people and then spread between people.

The SARS-CoV-2 virus is a beta coronavirus that has its origin in bats. The sequences suggest a likely single, recent emergence of this virus from an animal reservoir. Early on, many of the patients in the COVID-19 outbreak in Wuhan, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread.

Current data suggest that the virus is spread mainly from person-to-person and most commonly happens during close exposure to a person infected with the virus. This virus is spread through respiratory droplets produced when an infected person speaks, coughs or sneezes. Droplets can come in contact with the mouths

or noses of people who are nearby or possibly be inhaled into the lungs. Transmission might also occur through contact with contaminated surfaces followed by self-delivery to eyes, nose or mouth; however, this is not thought to be the main way the virus spreads.

People are contagious when asymptomatic and it is thought that unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in long-term care facilities and other healthcare settings.

In the VADOC, the risk of introduction of COVID-19 will come primarily from new or transferred incarcerated persons, ill staff, or visitors. This guideline will primarily focus on prevention of new cases and management of suspected cases or outbreaks and is intended for Medical Staff. Guidelines are adopted from and adhere to both CDC and VDH COVID-19 correctional facility guidelines.

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IV. Abbreviations

- AIIR: Airborne Infection Isolation Room
- COVID-19: Coronavirus Disease 2019
- CDC: Centers for Disease Control and Prevention
- EMS: Emergency Medical Services
- EPA: Environmental Protection Agency
- PPE: Personal Protective Equipment
- PUI: Persons Under Investigation
- VADOC: Virginia Department of Corrections
- VDH: Virginia Department of Health

V. External Resources

Local VDH Office Locator	http://www.vdh.virginia.gov/local-health-districts/
CDC Corrections Guidelines	https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html
VDH Corrections Guidelines	http://www.vdh.virginia.gov/coronavirus/vdh-covid-19-interim-guidance-for-correctional-facilities/
CDC PPE Guidelines and Instructions	https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

VI. Communications Regarding COVID-19

1. Personnel from Classification and Records will contact jails to determine if they have anyinmatess confirmed or suspected cases of COVID-19
2. If any At Risk, Persons Under Investigation or Confirmed COVID-19 cases are identified, immediately contact your local Virginia Department of Health for notification and instructions on management. Notify the Warden at the affected facility. Also notify, by email, the VADOC Epidemiology Nurse Angie Brennan, RN and the Chief Physician Mark Amonette, MD. If there are questions, you may contact the VADOC Epidemiology Nurse at (804) 201-8793 or the Chief Physician at (804) 912-5022.
3. For questions regarding the status of an individual, questions about COVID-19, contact the local VDH office.
4. If you cannot contact an official at your local Health Department and have an urgent issue, such as reporting a COVID-19 or determining the status of an inmate waiting to enter a facility, contact the state Epidemiologist on call at **(866) 820-9611**. They should be able to contact a local Health Department official.
5. Prior to transport to a local hospital/medical facility, contact the staff prior to sending an inmate. See Section XII. 9 for more information.

VII. Definitions

Close Contact of someone with COVID-19—For the purposes of the Virginia Department of Corrections, and modified from the CDC definition, someone who was within 6 feet of an infected person for a cumulative total of 10 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

*Individual exposures added over a 24-hour period (e.g., two 5-minute exposures for a total of 10 minutes). Data are limited, making it difficult to precisely define "close contact." Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected person has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). At this time, differential determination of close contact for those using fabric face coverings is not recommended.

Cohorting—In this guidance, cohorting refers to the practice of isolating multiple individuals with laboratory confirmed COVID-19 infection together or quarantining close contacts of an infected person together as a group due to limited number of individual cells. While cohorting those with confirmed COVID-19 is acceptable, cohorting individuals with suspected COVID-19 is not recommended due to a high risk of transmission from infected to uninfected individuals

Medical Isolation (or Isolation)—Refers to separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others in order to reduce the risk of transmission. Medical isolation ends when the individual meets the criteria for release from isolation.

Quarantine—Quarantine refers to the practice of separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease. Quarantine reduces the risk of transmission if an individual is later found to have COVID-19. Quarantine for COVID-19 should last for 14 days after the exposure has ended. If symptoms develop during the 14 day quarantine and/or the quarantined individual receives a positive COVID-19 test result, the individual should be placed in medical isolation. If symptoms do not develop and the individual does not receive a positive COVID-19 test result during the 14 day period, they can be released from quarantine.

Social Distancing—refers to the practice of increasing the space between individuals and decreasing their frequency of contact in order to reduce the risk of spreading disease. For COVID-19, this refers to maintaining at least 6 feet between individuals. This can be accomplished on an individual level (e.g., avoiding physical contact), a group level (e.g., cancelling group activities where individuals would be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them).

VIII. Prevention

1. Hygiene and Other Preventive Measures

- Reinforce healthy hygiene practices, and make sure hygiene supplies are properly stocked throughout all medical and living areas.
- Practice good cough etiquette: Cover your mouth and nose with your elbow (or ideally with a tissue) rather than your hand when you cough or sneeze, and throw all tissues in trash immediately after use.
- Practice good hand hygiene: regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing or blowing your nose; after using the bathroom; before eating or preparing food; before taking medication.
- Avoid touching your eyes, nose or mouth without cleaning your hands first.
- Provide cloth face coverings for all inmates incarcerated in the VADOC. Remind inmates to wear these as much as possible. Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a cloth face covering.
- Minimize the number of inmates housed in the same room as much as possible.
- Implement social distancing strategies (ideally 6 feet between all individual, regardless of symptoms) when possible. Encourage inmates in the same housing unit to maintain social distancing.
- Encourage inmates in bunks to sleep head to foot to increase the distance between their faces.
- Avoid mixing of inmates from different housing units by sending single housing units to recreation (where feasible), provide meals in the housing units or stagger meals in the dining hall by sending one housing unit to the dining hall at a time.
- Suspend group activities or conduct group activities by individual housing unit with social distancing of participants.
- If possible, designate a room near each housing unit to evaluate inmates with COVID-19 symptoms.
- Dispense medications in housing units or stagger pill lines so that only inmates from a given housing unit go to pill line together.
- Implement telemedicine, sick call visits by phone, or other means of telecommunication as much as possible to reduce inmate movement within the facility and outside the facility.
- If an inmate has symptoms of COVID-19:
  - Require the inmate to wear a surgical face covering unless they are unable as outlined in the above bullet.
  - Ensure staff having direct contact wear the recommended PPE, maintain a distance of 6 feet or more as much as possible (while interviewing, escorting, or interacting in other ways) when feasible and consistent with Security priorities, and to keep interactions with the infected individuals as brief as possible.
  - Place the symptomatic inmate in medical isolation and refer to healthcare staff for further evaluation.
- For an inmate who is an asymptomatic close contact of someone with COVID-19:
  - Quarantine the inmate and monitor for symptoms twice per day for 14 days as outlined elsewhere in this guideline.

- Provide inmates with information regarding COVID-19 and encourage them to report symptoms at the first sign of illness.
- For inmates who require aerosol generating treatments, take steps to create extra distance (greater than 6 feet, preferably 12 feet or more) between the inmate being treated and other inmates:
  - For inmates who require nebulizer treatments, administer the treatment in a separate room, away from other inmates if possible. If a separate room is not available, distance the inmate from others as much as possible, while the nebulizer treatment is being administered.
  - Inmates on CPAP/BiPAP should be assigned to a single cell. If a single cell is not available, provide extra distance between the inmate on CPAP/BiPAP and others sleeping nearby.
  - If assisting an inmate during an aerosol-generating procedure, wear appropriate PPE per section XII.3.E of this procedure.

2. Personal Protective Measures

- Inmates are required to wear cloth masks at all times unless instructed to remove by staff member.
- Staff are required to wear cloth masks at all times.
- When coming in close contact with or entering an isolation room of an At Risk inmate, PUI, or confirmed COVID-19 case, staff, including medical and non-medical personnel, should wear appropriate PPE.
- Staff should follow the CDC guidelines for Personal Protective Equipment (PPE) and VADOC Medical PPE Risk Zones (See Section XI.3) for guidance when to wear PPE.
- Maintain social distance (at least 6 feet) from staff and inmates at all times when possible.
- Once a PUI is identified, limit further interaction with the affected inmate, if possible, only to designated local health department healthcare responders, EMS responders, and Strike force officers.
- Avoid touching the inmate with COVID-19 or surfaces s/he has touched without donning PPE. No direct contact should be allowed to take place with the COVID-19 inmate by anyone not wearing appropriate PPE.
- If life-saving care is needed, the minimum PPE that must be donned before entering the room includes a N95 or NIOSH approved respirator, gloves, goggles or face shield, and impermeable gown.
- Hand hygiene should be performed by washing hands with soap and water for at least 20 seconds. Hands should be washed after all inmate contact, if visibly soiled, contact with infectious material, and before putting on and removal of PPE including gloves.
- Once an inmate with COVID-19 has been removed, cordon off any room/cell in which the affected inmate has occupied until an assessment has been completed, and the space has been appropriately cleaned and disinfected.

IX. COVID-19 Risk Stratification

Precautions should be taken when coming into contact with an inmate regardless of risk level even if an inmate provides all negative responses on Attachment A.

A. **At Risk Inmate**—An Inmate Who Reports the Following:
   1. Close contact with a person known to have COVID-19 illness **OR** fever, cough, shortness of breath. See section VII for the definition of close contact.
   2. Coming from a jail with a known or suspected case of COVID-19 in the past 14 days.
   3. An inmate who gives affirmative response to any one of the questions on Attachment A: Inmate Intake and Transfer Screening Questionnaire.
   4. Any inmate who rides in a transport vehicle with an inmate who is found on screening to be a COVID-19 PUI.
   5. Being managed for active COVID-19 or monitored for COVID-19.

B. **Suspected Case/Person Under Investigation:** Any inmate deemed to be a Person Under Investigation based on the above criteria.

C. **Confirmed COVID-19 Case:** Any inmate who has tested positive for COVID-19.

X. Intake and Transfer of Inmates

1. New Intakes

- Intake of new inmates from jails or the community should be restricted, if possible.
- The status of any case(s) of active or suspected COVID-19 at jails should be known at the time of transfer of an inmate to a reception center based on communication with Classification and Records and the jail. It should be confirmed (OMS) that the jail has screened the inmate for VADOC transfer by temperature check and completed screening questionnaire.
- Screen jail inmates before entry inside a VADOC secure perimeter by temperature check and screening questions.
- Cohort all jail intake inmates in the VADOC intake facility.
- Perform a COVID-19 test on all jail intakes at the time of intake.
- Quarantine and monitor intake inmates for signs/symptoms of COVID-19 for 14 days.
- After a 14-day observation period, the inmate may be directed to the appropriate facility.
- Educate intake inmates to report any symptoms suggestive of COVID-19 and to adhere to safe and healthy personal habits, including the wearing of cloth face coverings regular hand washing, laundering of sheets and clothing, showering and the sanitizing of surfaces in their cells.
- If an intake inmate tests positive for COVID-19 or develops symptoms then the inmate and the housing unit in which that inmate is housed will be managed according to this guideline.

2. Facility to Facility Transfers Within the VADOC

- These will be limited.
- Confirm (OMS) need for limited transfers in order to open bed space for jail intakes, VADOC Infirmary bed space management, or off-site medical appointment necessity.
- Screen inmate (at sending facility) transferred from one VADOC facility to another VADOC

facility for signs/symptoms of COVID-19 with temperature check and symptom screen within 3 days of transfer.

- Proceed to transfer inmates to another facility if all inmates have a negative screen for signs/symptoms of COVID-19.
- If any inmate(s) cohorted in the housing unit to be transferred has sign/symptoms consistent with COVID-19, the housing unit will not be transferred and will be managed per this guideline.
- Cohort inmates in the transport vehicle. Inmates from one facility may ride together in a transport vehicle but should not ride with inmates from other facilities. Social distancing should be adhered to as much as possible during transport. All attempts to transport with zone assignment in mind should be followed.
- Sanitize transport vehicle between transports according to sanitation plan.
- Quarantine and monitor inmates arriving at a VADOC facility from another VADOC facility for signs/symptoms of COVID-19 for 14 days.
- Educate inmates at their new facility to report signs/symptoms suggestive of COVID-19 and to adhere to safe and healthy personal habits.
- Release inmates who remain free of sign/symptoms of COVID-19 for 14 days into the general population of the facility.

3. Infirmary to Infirmary Transfers

- Green Zone to Green Zone—Inmates must have had a negative COVID-19 test within 3 days of transfer (unless previously positive for COVID-19).
- Yellow Zone to Green Zone—Inmates must have been quarantined for at least 14 days without the development of COVID-19 symptoms and have had a negative COVID-19 test within 3 days of transfer (unless previously positive for COVID-19).
- Red Zone to Green Zone—Inmates must satisfy the criteria for release from isolation found in this guideline. These inmates do not need to be tested prior to transfer.

4. Method of Quarantine of Inmates Transferred from one VADOC Facility to Another VADOC Facility

- Quarantine inmates arriving at a VADOC facility from another VADOC facility for 14 days.
- Quarantine of these inmates should be accomplished, if possible, according to this guideline.
- However, if the number of inmates transferred is too great and there is not sufficient room to quarantine them according to these preferences, inmates may be housed as a cohort in a housing unit with other inmates already at the facility. If such housing arrangement is necessary:
  - Screen the inmates already at the facility for signs/symptoms of COVID-19 with temperature check and symptom screening within 3 days of the inmates arriving from the sending facility.
  - Manage any existing inmates having signs/symptoms consistent with COVID-19 according to this guideline.
  - Do not place arriving inmates in a housing unit with evidence of COVID-19 Infection. In this circumstance the only acceptable transfer of inmates is from a green zone at one facility to a green zone at another facility. Do not mix individuals undergoing routine intake quarantine with those who are quarantined due to COVID-19 exposure.

5. **Inmates being sent to off-site appointments and returning to the same facility—see Off-site Medical Care Guidance on the DOC Intranet**

6. **Management of New Intakes Who are At Risk, a PUI or Confirmed COVID-19 Case—such inmates will be accepted into a VADOC facility only if absolutely necessary based on circumstances**

A. At Risk Inmates or Confirmed COVID-19 Case

- Immediately place a surgical face mask on the inmate.
- Maintain a social distance (at least 6 feet) from the affected inmate until they can be placed in isolation/single cell or are sent to the hospital.
- Thoroughly wash hands if you have had close contact with the inmate.
- Inmate should be placed in an Airborne Infection Isolation Room (AIIR or negative pressure room) if available with a toilet and shower. The facemask can be removed once in an AIIR but should be placed back on if staff enter AIIR. If AIIR is not available place in single cell until a disposition is determined.
- Notify the VDH, the VADOC Epidemiology Nurse, the VADOC Chief Physician, and the Warden of the facility where the inmate is located, per Section VI of this guideline.
- The VDH will determine, based on their criteria, whether the inmate is a Person Under Investigation and should be tested for COVID-19. If the VDH determines that the inmate does not need to be tested for COVID-19 and the Institutional Physician/Provider disagrees with the assessment of the VDH and feels the inmate is at risk and should be tested, the Physician/Provider can order a test for COVID-19 from a private lab.
- If the inmate is symptomatic, the Nurse should notify the Institutional Physician/Provider for any orders regarding managing the inmate/patient including transport to a hospital if seriously ill.
- If the Health Department determines the inmate has already been monitored and declared free of COVID-19 since the last known exposure to COVID-19, AND determines that the inmate does not meet criteria for a COVID-19 Person Under Investigation status and no other condition or symptom deems AIIR necessary, the inmate can be released from AIIR.
- If the inmate has not already been monitored then s/he should remain in Airborne Isolation, or single cell if AIIR is not available, until Health Department approval to release.
- If at any point, the inmate develops respiratory illness OR has close contact with someone known to have COVID-19 illness treat as a PUI.

B. Person Under Investigation

- Immediately contact the Medical Department/Health Authority/Nurse on duty and the Warden. Within 24 hours contact the local Health Department and other applicable agencies (e.g. DOLI).
- The Warden or designee should mobilize trained officers to secure inmate if needed.
- The affected inmate should remain in the Hold In room or isolation cell until the medical staff arrives.
- Follow instructions from the VDH on management of any staff or other inmates who may have been exposed to the affected inmate.
- The facility should be placed on quarantine and any inmate movement into or out of the facility

should be halted until the VDH provides instructions on management of the inmate population and staff.

- The Health Authority or designee should make a list of all persons they can identify who may have been exposed to the inmate with COVID- 19 to aid the VDH in any investigation they may conduct.

7. Inmates Being Released from Custody

- If an inmate is to be released from custody who is under quarantine, suspected or confirmed COVID-19 or with a pending test result, contact the local VDH and Probation offices to arrange for safe transport and continuation of medical care and medical isolation. If the inmate is being released to a community-based facility, contact the facility staff to ensure adequate time for them to prepare to continue medical isolation or quarantine as needed. If inmates are being released from a yellow zone or a site with positives, consider testing before their release.
- The inmate to be released should be quarantined in place (their current housing unit) in a single cell (if available) for 14 days prior to the projected release date.
- Screen all releasing individuals for signs/symptoms of COVID-19 and perform temperature check.
  - If the inmate does not clear the screening process, manage them as a suspected case/PUI.
  - If released before the recommended isolation period is complete manage as in #1.
- Incorporate COVID-19 prevention practices into re-entry programming.
  - Provide the inmate being released with COVID-19 prevention information, hand hygiene supplies, and cloth face coverings.
  - Link inmates who need MAT for Opioid Use Disorder to substance use, harm reduction, and/or recovery support systems. If there are movement restrictions related to COVID-19 in the community, make sure the inmate is referred to a program that is continuing operation.
  - Link the releasing inmate to Medicaid enrollment and healthcare resources for Continuity of Care.
  - When possible, encourage the releasing inmate to seek housing options where there is not undue crowding, such as with family or friends. When going to shared housing, link the inmate to housing with the greatest capacity for social distancing if possible. If congregate setting is the only release option, testing should be considered.

XI. Testing for COVID-19

- Testing strategies for each facility can be formulated in collaboration with state and local health officials as well as VADOC Health Services Administration and Regional Medical staff and may be tailored to the needs of the individual facility based on the practicality and feasibility of implementing a given strategy.
- See Point Prevalence Survey Strategy on DOC Intranet for guidance on performing PPS.
- All inmates with signs or symptoms consistent with COVID-19 should be referred to a Healthcare provider to be evaluated for testing.
- All close contacts of persons with COVID-19 should be identified and tested.
- Consider Broader Testing. The decision to perform broader testing should be made in collaboration with Health Services administrative staff, Regional medical staff, and VDH.

- A Broader Testing Strategy may include targeted testing of a specific housing unit exposed to a COVID-19 case or facility-wide testing. One circumstance in which broad-based testing may be considered is if contact tracing is not practical due to a large number of positive cases. Testing will be carried out according to the most recent VDH/CDC guidelines. If pursuing broad-based testing, consider a program that includes testing for both inmates and staff.
- Consider repeat testing of inmates in yellow zones every 3 to 7 days until there are no positives for 14 days after the most recent positive result. The decision to retest is a clinical decision which can be made by the Institutional Medical Authority in collaboration with others if needed as noted above in the first bullet. The specific retesting interval that a facility chooses could be based on:
    - The stage of the ongoing outbreak (i.e., more frequent testing in the context of escalating outbreaks, less frequent testing when transmission has slowed)
    - The availability of testing supplies and capacity of staff to perform repeat testing without negatively impacting other essential health care services
    - Financial resources to fund repeat testing, including procurement of testing supplies, laboratory testing services, and personal protective equipment(PPE)
    - The capacity of on-site, contract laboratories, or public health laboratories that will be performing the test.
    - The expected wait time for test results(and resulting capacity for timely action on the results)
- Consider testing all individuals quarantined as close contacts of someone with suspected or confirmed COVID-19 at the end of the 14-day quarantine period, before releasing them from quarantine.
- The VADOC is not retesting every 3-7 days or retesting at the end of a 14 day quarantine as a routine but the decision to perform one or both of these testing strategies can be a clinical decision made by the Institutional Medical Authority, in consultation with Health Services staff and state and local health officials, on a case-by-case basis depending on circumstances at the affected facility and the determination that such testing may be beneficial.
- Consult CDC recommendations for Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings for further information regarding selecting a testing location, ensuring proper ventilation and PPE usage, setting up testing stations and supplies, and planning test-day operations. This CDC guidance is not specific for corrections and there may be issues with conducting broad-based testing in the correctional setting that are not amenable to the guidance. These issues may include the number of patients to be tested and the space available in which to conduct testing.
- Consistent with CMS Guidance for Long Term Care Facilities, regular COVID-19 testing will be conducted on all staff working in Infirmaries and Assisted Living Units. The frequency of testing will be determined based on positivity rates in the community, or based on CMS color coding of the community, where the facility is located as follows:

Community COVID-19 Activity	**County Positivity Rate in the past Week**	**CMS Positivity Rate* Past 14 Days**	**Minimum Testing Frequency**
Low	<5%	Green	Once a month
Medium	5% - 10%	Yellow	Once a week
High	>10%	Red	Twice a week

*See "CMS Updates COVID-19 Testing Methodology for Nursing Homes" for the method of color coding counties based on the number of tests performed in the county. Color codes may not match the % positivity rate in a particular county if overall rate of testing is low. This system was developed to adjust the frequency of staff testing at Nursing Homes in counties where the positivity rate is falsely elevated due to the small number of tests being done.

- Positivity rates or CMS color codes for counties in which Infirmaries and ALFs exist will be calculated/determined on the first and third Monday each month. That positivity rate/color code will determine the frequency of staff testing for the two weeks following.
- A person who previously tested positive for COVID-19 and is clinically recovered does not need to be retested for 3 months after the date of symptom onset. A positive test less than 3 months after symptom onset may reflect new infection or be a persistently positive test associated with previous infection. If a positive test occurs more than 3 months after symptom onset, the possibility of reinfection should be considered. Persons with recurrent symptoms after the 3 months who test positive should be considered infectious. For persons who develop new symptoms consistent with COVID-19 during the first 3 months since the date of symptom onset of the most recent illness, retesting may be warranted if alternative etiologies for the illness cannot be identified. If reinfection is suspected, repeat isolation and contact tracing may be needed.

XII. Management

1. General Guidance

A. For any inmates already housed in a facility who are identified as At Risk, Person Under Investigation, or a Confirmed Case of COVID-19 follow Communications Regarding COVID-19 outlined in Section VI of this guideline. In addition to the steps outlined below, we will also maintain communication with the Virginia Department of Health and follow other recommendations they may offer.

B. Perform contact tracing to determine any inmates or staff who may be considered a close contact with a known case of COVID-19 (inmate or employee). This may be done in coordination with your local VDH office (https://www.vdh.virginia.gov/coronavirus/prevention-tips/contact-tracing/).
   - Identify all close contacts of the person with COVID-19 during the infectious period and maintain a line list of affected incarcerated persons and staff.
   - Consider the infectious period to be two days before symptom onset until the time the infected person is medically isolated.
   - Close contact is defined in section VII of this guideline. Any duration should be considered prolonged during performance of aerosol-generating procedures.

C. Note that when the plan calls for quarantine of an individual, housing unit or facility for 14 days, that is for 14 days after the most recent identified case exposure.

D. Procedure for safely checking an individual's temperature:
   - Wash hands with soap and water for at least 20 seconds. If soap and water is not available, use hand sanitizer with at least 60% alcohol.
   - Put on appropriate PPE (see section XII.3.E.)

- Check individual's temperature
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned between each check. If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used they should be cleaned with an alcohol wipe between each individual.

E. Monitoring for signs/symptoms of disease include:
   - People with the following symptoms or combinations of these symptoms may have COVID-19:
     - Fever or chills
     - Cough
     - Shortness of breath or difficulty breathing
     - Fatigue
     - Muscle or body aches
     - Headache
     - New loss of taste or smell
     - Sore throat
     - Congestion or runny nose
     - Nausea or vomiting
     - Diarrhea
   - Monitoring of inmates who are At Risk, or a Person Under Investigation, should include temperature check, Pulse Ox Sat, Heart Rate, and symptom screening twice per day. If the inmate has a positive symptom screen or a pulse ox sat of <94%, then assess blood pressure, document on the NET, and notify the provider.
   - Education should be provided to all green zone inmates that self-monitoring should occur. There must be education and information posted around symptoms of COVID-19 illness. Education must be given around accessing medical care and requesting temperature screenings.
   - Monitoring of an inmate with confirmed COVID-19 should include temperature and pulse oximetry checks at least twice per day and more frequently if clinical circumstances warrant, as ordered by the provider. Twice per day checks should be conducted at approximately 10-12 hour intervals.

F. If an individual develops symptoms of COVID-19, they should be considered a suspected COVID-19 case, given a mask(if not already wearing one) and moved to medical isolation immediately (but not cohorted with confirmed positive cases).

G. If an individual is tested and receives a positive test, they can then be cohorted with other individuals with confirmed COVID-19

H. The CDC recommends ruling out other causes of flu-like illness before testing for COVID-19. Therefore, Influenza should be ruled out if testing is available and influenza is circulating in the community. The presence of another respiratory illness such as influenza does not rule out SARS-CoV-2 and testing should still be considered.

I. For any of the scenarios below, if an Airborne Infection Isolation Room (AIIR) is not available, the inmate should be placed in a single cell until a disposition is determined.

J. Individual medical isolation and quarantine is always preferable, but CDC provides a hierarchy of preferred options for cohorting if necessary (see below).

K. In medical isolation, an inmate will be provided all approved items including additional items identified by CDC (tissues and, if permissible, a lined no-touch trash receptacle) for medical isolation.

L. Solitary confinement or other punitive spaces should not be used for quarantining.
- If such a space is the only option, the space should be outfitted with anything the inmate would have in their normal cell (communication options, entertainment, toiletries, etc.).

M. Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.

2. Medical Isolation Housing Preference

A. Facilities should make every possible effort to individually quarantine cases of confirmed COVID-19, and close contacts of inmates with confirmed or suspected COVID-19.

B. If cohorting of close contacts under quarantine is necessary, inmates who develop symptoms of COVID-19 or who test positive for SARS-CoV-2 should be immediately placed under isolation.
- If an entire housing unit is under quarantine due to contact with an inmate from the same housing unit with COVID-19, the entire housing unit may need to be treated as a cohort and quarantined in place.
- Do not add more inmates to an existing quarantine cohort after the 14-day quarantine clock has started.

C. If the facility is housing individuals with confirmed COVID-19 as a cohort:
- Only individuals with laboratory confirmed COVID-19 should be placed under medical isolation as a cohort.
- Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, with close contacts of individuals with confirmed or suspected COVID-19, or with those with undiagnosed respiratory infection who do not meet the criteria for suspected COVID-19.
- When choosing a space to cohort groups with confirmed COVID-19, as much as is possible, choose a well-ventilated space.
- If possible, use one large space for cohorted medical isolation rather than several small spaces.

D. If single cells for isolation and quarantine are limited, prioritize them in rank order as follows:
1. Inmates with suspected or confirmed COVID-19 who are at increased risk for severe illness.
2. Others with suspected or confirmed COVID-19.
3. Quarantined close contacts of a COVID-19 case who are themselves at increased risk for severe illness.
4. Other quarantined close contacts.

E. In order of preference, multiple individuals under medical isolation should be housed:
1. Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully.
2. Separately, in single cells with solid walls but without solid doors.
3. As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully. Per CDC Correctional guidelines, employ social distancing strategies related to housing.
4. As a cohort, in a large, well-ventilated cell with solid walls but without a solid door, and with at least 6 feet of personal space assigned to each individual in all directions.
5. As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space

between individual. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)

6. As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Per CDC Correctional Guidelines, employ social distancing strategies related to housing in order to maintain at least 6 feet of space between individuals housed in the same cell.
7. As a cohort, in inmates' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed. Employ social distancing strategies to maintain at least 6 feet of space between individual if possible.
8. Safely transfer individual(s) to another facility with available medical isolation capacity in one of the above arrangements.
   (NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)

F. If the ideal choice does not exist in a facility, use the next best alternative.

G. If the number of confirmed cases exceeds the number of individual medical isolation spaces available in the facility, be especially mindful of cases who are at higher risk of severe illness from COVID-19. Ideally, they should not be cohorted with other infected individuals. If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individual. (For example, allocate more space for a higher-risk individual within a shared medical isolation space.)

H. Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See CDC's website for a complete list, and check regularly for updates as more data become available to inform this issue.

3. PPE Risk Zones

A. Medical Staff Risk Zones are in effect, and the proper PPE should be worn depending on risk zone.

B. Red Zone: Inmates that are COVID-19 Positive (includes isolation and cohorting of positive cases).

- All Medical Staff in Red Zone with Potential for Close contact should wear:
  - Droplet surgical mask (all day, unless in N95). N95 should be donned for any close contact of any duration, when in an open dorm with positive patients or for high-risk procedures.
  - Face Shield or Goggles and Gowns (all day).
  - Gloves (all day, change in between contact with hand hygiene).

C. Yellow Zone: Inmates undergoing Sick Call in Medical; Quarantine Building; Other areas deemed a Yellow Zone by Medical Staff.

- All Medical Staff in Yellow Zone should wear:
  - Droplet surgical mask (all day).
  - Gloves (only for any inmate contact).
  - Gowns and eye protection should be worn when in close contact with inmate for more than 5 minutes or if contact is high risk (i.e. nebulizer treatments, CPR).
  - Inmates should have droplet surgical masks on at all times.

D. Green Zone: No COVID-19 positive cases and low traffic areas.

- No PPE needed.
- All staff and inmates wear cloth face masks.

- Promote handwashing for 20 seconds frequently.
- Always use Standard Precautions.

E. Table 1. CDC PPE Guidance

Classification of Individual Wearing PPE	N95 respirator	Surgical mask	Eye Protection	Gloves	Gown/ Coveralls
Incarcerated/Detained Persons					
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of someone with COVID-19*)	Use surgical masks or cloth face coverings as source control (NOTE: cloth face coverings are NOT PPE and may not protect the wearer. Prioritize cloth face coverings for source control among all persons who do not meet criteria for N95 or surgical masks, and to conserve surgical masks for situations that require PPE.)				
Incarcerated/detained persons who have confirmed or suspected COVID-19, or showing symptoms of COVID-19					
Incarcerated/detained persons handling laundry or used food service items from someone with COVID-19 or their close contacts				X	X
Incarcerated/detained persons cleaning an area where someone with COVID-19 spends time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X
Staff					
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of someone with COVID-19* (but not performing temperature checks or providing medical care)		Surgical mask, eye protection, and gloves as local supply and scope of duties allow.			
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons		X	X	X	
Staff having direct contact with (including transport) or offering medical care to individuals with confirmed or suspected COVID-19 (See CDC infection control guidelines). For recommended PPE for staff performing collection of specimens for SARS-CoV-2 testing see the Standardized procedure for SARS-CoV-2 testing in congregate settings.	X**		X	X	X
Staff present during a procedure on someone with confirmed or suspected COVID-19 that may generate infectious aerosols (See CDC infection control guidelines)	X		X	X	X
Incarcerated/detained persons handling laundry or used food service items from someone with COVID-19 or their close contacts				X	X
Staff cleaning an area where someone with COVID-19 spends time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X

Classification of Individual Wearing PPE

* If a facility chooses to routinely quarantine all newly incarcerated/detained intakes (without symptoms or known exposure to someone with COVID-19) before integrating into the general population, surgical masks are not necessary. Cloth face coverings are recommended.
**A NIOSH-approved N95 respirator is preferred. However, based on local and regional situational analysis of PPE supplies, surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.

4. Medical Isolation of Suspected COVID-19 Case

- Isolate the individual to an AIIR, if available, with restriction of movement for 14 days. If an AIIR is not available, isolate the affected individual according to section XI.2. Medical Isolation Housing Preferences, found on page 10.
- Inmate should wear facemask if required to leave isolation area or if staff enter isolation area.
- Provide meals and medical care in isolation areas.
- Assign a dedicated bathroom, ideally attached to isolation area.
- Provide tissues and lined, no-touch trashcans.
- Exclude from activities and contact facility staff to arrange for alternative options.

5. Medical Isolation of Confirmed/Clinically Diagnosed Case

- Isolate the individual to an AIIR, if available, with restriction of movement until resolution of illness. If an AIIR is not available, isolate the affected individual according to section XI.2. Medical Isolation Housing Preferences, found on page 10.
- Inmate should wear facemask if required to leave isolation area or if staff enter isolation area
- Provide meals and medical care in isolation areas.
- Assign a dedicated bathroom, ideally attached to the room.
- Provide tissues and lined, no-touch trashcans.
- Exclude from activities and contact facility staff to arrange for alternative options.
- Quarantine/Lock down the housing area where the affected inmate is housed and serve meals in the housing area for 14 days.
- Quarantine/Lock down the facility where the affected individual is housed for 14 days.
- No inmate or visitor movement into or out of the facility.
- Inmates outside the affected inmates housing area may move about the facility and go to chow hall for meals.
- Monitor inmates for signs/symptoms of disease.

6. Two or More Confirmed Cases in Separate Housing Units

- Isolate the affected individuals to AIIRs, if available, until resolution of the illness. If an AIIR is not available, isolate the affected individual according to section XI.2. Medical Isolation Housing Preferences, found on page 10.
- Inmate should wear facemask if required to leave isolation area or if staff enter isolation area.
- Meals and medical care provided in isolation area.
- Assign a dedicated bathroom, ideally attached to the room.
- Tissues and lined, no-touch trashcans provided.
- Exclude from activities and contact facility staff to arrange for alternative options.
- If there are not enough AIIRs to accommodate the number of affected individuals, consult with the VADOC Epidemiology Nurse Angie Brennan, Chief Physician Mark Amonette, and the Health Department to develop a strategy to isolate the affected inmates.
- Quarantine the housing units where the affected inmates are housed and serve meals in the housing units for 14 days.
- Quarantine the entire facility for 14 days. No inmate or visitor movement into or out of the facility.

Inmates outside the affected inmates housing units may move about the facility and go to chow hall for meals.

- Monitor inmates for signs/symptoms of disease.

7. Inmate Becomes Symptomatic and is Confirmed COVID-19 after Moving from One Facility to Another during the Infectious Period

- Isolate the affected individual to an AIIR, if available, for the duration of illness. If an AIIR is not available, isolate the affected individual according to section XI.2. Medical Isolation Housing Preferences, found on page 10.
- Inmate should wear facemask if required to leave isolation area or if staff enter isolation area.
- Meals and medical care provided in isolation area.
- Assign a dedicated bathroom, ideally attached to the room.
- Tissues and lined, no-touch trashcan provided.
- Exclude from activities and contact facility staff to arrange for alternative options.
- Quarantine housing units in both facilities where the inmate has been housed and serve meals in the housing units for 14 days.
- Quarantine both facilities where the inmate has been housed for 14 days.
- No inmate or visitor movement into or out of the facility.
- Monitor inmates in both facilities for signs/symptoms of disease.

8. Quarantining Close Contacts of COVID-19 Cases

- Quarantine 14 days from last exposure with twice daily symptom and temperature checks.
  - If an individual is quarantined due to contact with a suspected case who is subsequently tested for COVID-19 and receives a negative result and has no symptoms, the quarantined individual(s) should be released from quarantine restrictions.
  - If a quarantined individual develops symptoms, they should be moved to medical isolation immediately and further evaluated.
- Close contact is defined in section VII of this guideline.
- Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.
  - Provide medical education and care inside or near quarantine space when possible.
  - Serve meals inside quarantine space.
  - Exclude quarantined individual from activities and contact facility staff to arrange for alternative options.
  - Assign a dedicated bathroom space when possible.
- Individual quarantine is preferable.
  - CDC provides a hierarchy of preferred options if cohorting is necessary (page 10).
- Staff who have close contact with quarantined individuals should wear recommend PPE if feasible based on local supply, feasibility and safety within scope of their duties.
- Quarantined individuals can be released from quarantine restrictions if they have not developed symptoms during 14-day period.
- Continue to encourage inmates to notify staff if symptoms develop.
- Encourage handwashing.

9. Transfer to Local Hospitals/Medical Centers

- Before any inmate is transferred to a local hospital or medical center, staff must call the medical facility indicating desire to send inmate. A phone consultation may be required to evaluate the situation prior to approval for transfer to occur.
  - Consultation should include specific information regarding inmate symptoms that may indicate suspected COVID-19 infection.
  - Life threatening care should not be delayed, but a call should be made to notify receiving facility.
  - VCU Transfer Center can be reached at 804-828-2638.

10. Release of a Confirmed COVID-19 Case from Medical Isolation

- Maintain medical isolation until all of the following criteria have been met from the selected strategy. A test-based strategy is no longer recommended due to reports of prolonged detection of RNA, but can still be used in some circumstances.

A. For those who showed symptoms:

- Symptom-based strategy (Recommended)
  - At least 14 days have passed since symptoms first appeared; **and**
  - At least 72 hours have passed since last fever without the use of fever-reducing medication; **and**
  - Symptoms (e.g. cough, shortness of breath) have improved.
- Test-based strategy (Not Recommended)**
  - Resolution of fever without the use of fever-reducing medications; **and**
  - Improvement in symptoms (e.g. cough, shortness of breath); **and**
  - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens collected $\geq$ 24 hours apart. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

B. For those who never showed symptoms:

- Time-based strategy (Recommended)
  - At least 14 days have passed since the date of their first positive COVID-19 diagnostic test; **and**
  - No development of new symptoms.
  - Note: Because symptoms cannot be used to gauge where these individual are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test. This is why we use 14 days as an added precaution.
- Test-based strategy (Not Recommended) as described above.

C. For persons with severe illness or who are severely immunocompromised:**

- At least 20 days have passed since symptoms first appeared (or first positive viral test, if asymptomatic).
- At least 72 hours have passed since last fever, without the use of fever-reducing meds, **and**
- Symptoms have improved.
- Consider consultation with infection control experts

**RT-PCR testing for detection of SARS-CoV-2 RNA for discontinuing isolation could be considered for persons who are severely immunocompromised, in consultation with infectious disease experts. For all others, a test-based strategy is no longer recommended except to discontinue isolation or other precautions earlier than would occur under the symptom-based strategy outlined above.

11. Environmental Infection Control

- Refer to the VADOC Medical Epidemic / Pandemic Sanitation Plan for minimal cleaning that takes place in Medical areas. Additional cleanings should occur as needed.
- Adhere to CDC recommendations for cleaning and disinfection during the COVID-19 response. Monitor recommendations for updates.
- A Hold In room or isolation cell which an inmate has occupied and remained without signs/symptoms and diagnosis of COVID-19 the entire time, can be cleaned by housekeeping in the usual fashion.
- Dedicated medical equipment is to be used when caring for patients with known or suspected COVID-19.
    - All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policy.
- Any staff member or inmate performing cleaning should wear PPE.
- Thoroughly clean and disinfect all areas where confirmed or suspected COVID-19 case spent time.
- Special care should be taken in cleaning and disinfecting spaces where confirmed or suspected COVID-19 cases spent time.
    - Close off areas used by infected individual. Wait as long as practical (up to 24 hours) before beginning to clean and disinfect, to minimize potential exposure to respiratory droplets.
    - Clean and disinfect all areas used by infected individual, focusing on frequently touched surfaces.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. See www.cdc.gov/coronavirus/2019-ncov/infection- control/control-recommendations.html and https://www.epa.gov/pesticide- registration/list-n- disinfectants-use-against-sars-cov-2
    - Follow label instructions and take precautions when using product, such as wearing gloves and making sure there is good ventilation.
- Laundry from COVID-19 cases can be washed with other individual's laundry but should be handled wearing disposable gloves. COVID-19 laundry should not be shaken.
- Disposable food should be placed in trash in medical isolation room. Non- disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean hands after removing gloves.

XIII. References

1. CDC: Clinical Questions about COVID-19: Questions and Answers Updated Oct. 5, 2020
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